

## **Maternity Hospital Comments for Cesarean Sections, Primary Cesarean Sections, and VBACs (Vaginal Births after Cesarean Sections)**

General Comments from all hospitals

Brigham and Women's Hospital  
Caritas Good Samaritan Medical Center  
Caritas Hoy Family Hospital  
Caritas Norwood Hospital  
Caritas St. Elizabeth's Medical Center  
Holyoke Hospital  
Massachusetts General Hospital  
Nantucket Cottage Hospital  
Sturdy Memorial Hospital

### **Brigham and Women's Hospital**

All Cesarean Section:

Brigham and Women's Hospital feels that the obstetrical indicators do not reflect hospital quality. These individual characteristics and complexities do not allow the data as presented, to be standardized and useful for comparison of quality across hospitals.

Most importantly, we believe the patient's history and personal characteristics along with consultation with her provider will result in the best evaluation of risks and benefits of the alternative routes of delivery.

Primary Cesarean Section:

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Vaginal Birth After Cesarean Section (VBAC):

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### **Caritas Good Samaritan Medical Center**

All Cesarean Section: 344/895 cases

Primary Cesarean Section: 202/743 cases

### **Caritas Holy Family Hospital**

variability in reported cases

All Cesarean Section: 486/1192 cases

Primary Cesarean Section: 280/1046 cases

### **Caritas Norwood Hospital**

All Cesarean Section: 177/557 cases

Primary Cesarean Section: 118/515 cases

**Caritas St. Elizabeth's Medical Center**

variability in reported cases

All Cesarean Section: 481/1132 cases

Primary Cesarean Section: 282/1105 cases

Vaginal Birth After Cesarean Section (VBAC): 16/213 cases

**Holyoke Hospital**

Primary Cesarean Section: Non-interventional therapies and support from nurses and midwives allow the mother's body to progress naturally. If labor progress is made and mother/baby conditions permit, vaginal birth is achieved while maintaining high apgar scores. Epidural rate is also low.

**Massachusetts General Hospital**

All Cesarean Section:

The MGH Obstetric Service does not support the use of cesarean section delivery rates as measures of hospital quality. The decision to undertake a cesarean delivery depends on individual patient and pregnancy characteristics and history and, in consultation with her provider, a patient's careful evaluation of the risks and benefits of alternate routes of delivery. In some cases, patients and providers will decide that a small risk to mother or baby warrants cesarean delivery. In other cases, a similar small risk may be judged acceptable and lead doctors and patients to make different plans. Because such evaluations of risks and benefits are embedded with personal values that are indiscernible from review of administrative data sets and because individual patient variables, risks and histories are not considered in presenting gross cesarean rates, we believe that defining optimal rates for an single hospital, much less a state health system, is simply not possible. Absent such a benchmark, we see no appropriate way in which cesarean rates or their comparison can be used to reflect hospital quality.

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Vaginal Birth After Cesarean Section (VBAC):

The MGH Obstetric Service does not support the use of VBAC rate as helpful measure of hospital quality. There was a time when increasing rates of VBAC was seen as favorable. The thinking was that a woman who had delivered via cesarean section should be able, barring certain circumstances, to have a vaginal birth in the future. The last decade has taught the obstetric community a great deal about the safety of VBAC and the indications for VBAC are evolving. The general trend is to be more selective in making that recommendation and to ensure that facilities are properly equipped with staff and operating room availability to provide the back-up cesarean section if needed. We don't think it is appropriate to hold out a measure of VBAC rates as a quality indicator as it may be misleading to prospective mothers and their families. The type of delivery should be a personal decision and made under the guidance of a well-informed, up to date obstetrician or midwife. At MGH we certainly have the staff and facilities to safely and

confidently offer VBAC for appropriate patients, but we do not think that using this metric as a yardstick of hospital quality makes sense given current science.

**Nantucket Cottage Hospital**

VBAC's are not done at Nantucket Cottage hospital due to the high risk nature of this method of delivery.

**Sturdy Memorial Hospital**

All Cesarean Section: Utilization rates have no documented correlation with quality of care.  
No conclusions should be drawn from these numbers.